

**UNITED STATES DISTRICT COURT
Western District of New York**

ELECTRONIC CASE FILING SYSTEM REGISTRATION FORM

This form shall be used to register for an account on the Courts' Case Management/Electronic Files (CM/ECF) system. Registered attorneys will have privileges to electronically submit and to view the electronic docket sheets and documents. By registering, attorneys consent to receiving electronic notice of filings through the system. The following information is required for registration:

PLEASE TYPE

First/Middle/Last Name: _____

Firm Name: _____

Firm Address: _____

Voice Phone Number: _____ FAX Number: _____

Internet E-Mail Address: _____

Additional E-Mail Address
(optional): _____

Does your E-Mail Software support HTML messages? Yes _____ No _____

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Western District of New York or otherwise permitted as a filing user.

Date admitted to practice in this Court: _____

If admitted pro hac vice:

Date motion for pro hac vice granted: _____ in case number: _____

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised.

Signature of Registrant

Date

Submit completed Registration Form to:

**Michael J. Roemer, Clerk
United States District Court
Attn: CM/ECF Registration
2 Niagara Square
Buffalo, New York 14202**

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| Your login and password will be sent to you by the Office of the Clerk via U.S. mail marked “Confidential.” If you prefer to pick up your login and password in person at the Clerk’s Office, please mark your initials below as approval for an alternate delivery method: |
| Attorney Initials: _____ |
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